Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			45				Γ	RATE	FEE	] [	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			US minus 20=		• 25			X\$ 9=	225	OR	X\$18=		
INDEPENDENT CLAIMS			5 minus 3 =		. 2			X40=	80	OR	X80=		
MUI	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=	<u> </u>	OR	+270=		
* If 1	the difference i	in column 1 is	less than zero, enter "0" in colum			olumn 2	L	TOTAL	660	OR	TOTAL		
	CL	AIMS AS A	MENDED	NDED - PART II				`			OTHER THAN		
		(Column 1)		(Colu		(Column 3)		SMALL		OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	T 01 111	]=		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
Best Available Copy								TOTAL		ام	TOTAL		
		(Column 1)			mn 2)	(Column 3)		DDIT. FEE		J * * * .	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	T OL 4111	]=	11	X40=		OR	X80=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		┛┞	+135=		OR	+270=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY ) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE	
	Total _	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	T C1	=	11	X40=		OR	X80=		
╠	FIRST PRESE	IULTIPLE DE	JLTIPLE DEPENDEN		I CLAIM		+135=		OR	+270=	<del> </del>		
	If the entry in colu	ımn 1 is less than	the entry in col	lumn 2, wri	te "0" in co	olumn 3.	L	TOTAL			TOTAL		
::	If the "Highest Nu "If the "Highest Nu The "Highest Nur	imber Previously f imber Previously f nber Previously P	Paid For" IN Th	HIS SPACE	is less th	an 3, enter "3."	,	DDIT. FEE	propriate ho	4	ADDIT. FEE	<u> </u>	
	THE HIGHESTINUT	inder i reviously P	uid for (Total	o, iliashell	(13 III		, , , , , , , ,	.,αν	F. Spridio DO	00			

Application or Docket Number